

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA				COURT CASE NUMBER CR No. 04-10129-RCL	
DEFENDANT MARK A. MCARDLE				TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
<div style="display: flex; justify-content: space-between;"> <div> SERVE AT East Boston Savings Bank <small>ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)</small> 10 Meridian Street, East Boston, MA 02128 </div> <div style="text-align: right;"> RECEIVED U.S. MARSHALS SERVICE BOSTON, MA 2007 MAR 21 A 11:37 </div> </div>					
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:				Number of process to be served with this Form - 285	
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210				Number of parties to be served in this case	
				Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)					
Please serve the attached Preliminary Order of Forfeiture upon the above-referenced institution by certified mail, return receipt requested.					
LJT x3283					
Signature of Attorney or other Originator requesting service on behalf of:			TELEPHONE NUMBER		DATE
<i>Kristina E. Barclay</i> <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT			(617) 748-3100		March 16, 2007
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. <small>(Sign only first USM 285 if more than one USM 285 is submitted)</small>	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>49</u>	Signature of Authorized USMS Deputy or Clerk <i>Maughan</i>	Date <u>3/21/07</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).					
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>5/10/07</u>	Time am pm
				Signature of U.S. Marshal or Deputy <i>Kate Grand</i>	
Service Fee	Total Mileage Charges <small>(including endeavors)</small>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or
				Amount or Refund	

REMARKS:

Return receipt card received back at USMS/NH on 5/10/07

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT